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(Original Signature of Member)

116TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

To ensure that facilities of the Indian Health Service, facilities operated by an Indian tribe, tribal organization, or inter-tribal consortium, and facilities operated by an urban Indian organization receive items from the strategic national stockpile and qualified pandemic or epidemic products directly from the Department of Health and Human Services.

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**IN THE HOUSE OF REPRESENTATIVES**

Ms. KENDRA S. HORN of Oklahoma introduced the following bill; which was referred to the Committee on \_\_\_\_\_

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**A BILL**

To ensure that facilities of the Indian Health Service, facilities operated by an Indian tribe, tribal organization, or inter-tribal consortium, and facilities operated by an urban Indian organization receive items from the strategic national stockpile and qualified pandemic or epidemic products directly from the Department of Health and Human Services.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Tribal Medical Sup-  
3 plies Stockpile Access Act of 2020”.

4 **SEC. 2. PROVISION OF ITEMS TO INDIAN PROGRAMS AND**  
5 **FACILITIES.**

6       (a) STRATEGIC NATIONAL STOCKPILE.—Section  
7 319F–2(a)(3)(G) of the Public Health Service Act (42  
8 U.S.C. 247d–6b(a)(3)(G)) is amended by inserting “, and,  
9 in the case that the Secretary deploys the stockpile under  
10 this subparagraph, ensure that appropriate drugs, vac-  
11 cines and other biological products, medical devices, and  
12 other supplies are deployed by the Secretary directly to  
13 health programs or facilities operated by the Indian  
14 Health Service, an Indian tribe, a tribal organization (as  
15 those terms are defined in section 4 of the Indian Self-  
16 Determination and Education Assistance Act (25 U.S.C.  
17 5304)), or an inter-tribal consortium (as defined in section  
18 501 of the Indian Self-Determination and Education As-  
19 sistance Act (25 U.S.C. 5381)) or through an urban In-  
20 dian organization (as defined in section 4 of the Indian  
21 Health Care Improvement Act), while avoiding duplicative  
22 distributions to such programs or facilities” before the  
23 semicolon.

24       (b) DISTRIBUTION OF QUALIFIED PANDEMIC OR EPI-  
25 DEMIC PRODUCTS TO IHS FACILITIES.—Title III of the

1 Public Health Service Act (42 U.S.C. 241 et seq.) is  
2 amended by inserting after section 319F–4 the following:

3 **“SEC. 319F–5. DISTRIBUTION OF QUALIFIED PANDEMIC OR**  
4 **EPIDEMIC PRODUCTS TO INDIAN PROGRAMS**  
5 **AND FACILITIES.**

6 “In the case that the Secretary distributes qualified  
7 pandemic or epidemic products (as defined in section  
8 319F–3(i)(7)) to States or other entities, the Secretary  
9 shall ensure that, as appropriate, such products are dis-  
10 tributed directly to health programs or facilities operated  
11 by the Indian Health Service, an Indian tribe, a tribal or-  
12 ganization (as those terms are defined in section 4 of the  
13 Indian Self-Determination and Education Assistance Act  
14 (25 U.S.C. 5304)), or an inter-tribal consortium (as de-  
15 fined in section 501 of the Indian Self-Determination and  
16 Education Assistance Act (25 U.S.C. 5381)) or through  
17 an urban Indian organization (as defined in section 4 of  
18 the Indian Health Care Improvement Act), while avoiding  
19 duplicative distributions to such programs or facilities.”.